## **GOVERNMENT AGENCY REGISTRATION APPLICATION**

Address	FEIN Loca			ion County	Phone	Phone						
City	Agency	Name			FAX							
E-Mail	Addres	s										
1. AGENCY HEAD: Provide the following information for the agency head that is authorized to receive correspondence and legal documents. Please ensure correct Social Security Number is provided for agency head security.  1. AGENCY HEAD: PRINT AME AND MIDDLE INITIAL  1. ADDRESS	City			County	State	ZIP						
correspondence and legal documents. Please ensure correct Social Security Number is provided for agency head SSN	E-Mail	lail Website										
ADDRESS  CITY COUNTY STATE ZIP  2. KS CERTIFIED COMMERCIAL PESTICIDE APPLICATOR(S) AND KS UNCERTIFIED PESTICIDE APPLICATOR(S): Government employees who apply restricted use pesticides are required by statue either to be certified in the appropriate commercial pesticide applicator certification category (ies) and subcategory (ies) or be working und the supervision of a certified commercial applicator. Provide the following information for all certified commercial pesticide applicators who will be applying pesticides under this registration. Please ensure correct Social Securit Number and birth date are provided for each applicator. ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDEL USING THIS SAME FORMAT.  Date Employed  Staff Code (Cert or Uncertified)  Commercial Certification Number  SSN Birth Date Name  4. AUTHORIZED SIGNATURE OF OFFICIAL DATE TITLE  5. SUBMIT COMPLETED APPLICATION AND REGISTRATION FEE TO KANSAS DEPARTMENT OF AGRICULTURE, RECORDS CENTER-PESTICIDE, 109 SW 9 <sup>11</sup> ST, TOPEKA, KS 66612. Registration Fee is \$50. No fee is required of any township located within a county which has previously applied for and received Government Agency Registration for the same calendar yea this application covers.	1.											
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TYPE OR PRINT NAME OF OFFICIAL		<u>Date Employed</u>			<u>SSN</u>	<u>Birth Date</u>	<u>Name</u>					
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PLEASE DO NOT WRITE BELOW THIS LINE (FOR KANSAS DEPARTMENT OF AGRICULTURE USE ONLY)	DIFACE	DO NOT WRITE P	RELOW THIS I THE /EOF	O KANSAS DEDADTMENT	OE VCDICI II TI IDE LICI	E ONLY)						

FEE	CODE	TRANSACTION #	RECEIPT DATE	CHECK #	GAR #	COUNTY	<u>ENTRY</u>	EFF DATE	INITIALS	PROCESS DATE
\$50	GAR									